MARYLAND STATE BOARD OF DENTAL EXAMINERS BENJAMIN RUSH BUILDING • SPRING GROVE HOSPITAL CENTER 55 WADE AVENUE • BALTIMORE, MARYLAND 21228

Phone: 410-402-8501 or 410-402-8509 • Fax: 410-402-8505 • www.dhmh.state.md.us/dental/

2016 CONTINUING EDUCATION AUDIT FORM FOR HYGIENISTS

PLEASE RETURN THIS FORM ALONG WITH THE DOCUMENTATION DESCRIBED BELOW ✓ NO LATER THAN JANUARY 14, 2016 ✓						
Name:					License #:	
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COURSE TITLE		С	CREDIT HOURS EARNED DATE		OFFICE USE ONLY	
Infection Control Cou PANDA Course:	rse :					
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I affirm that the contents of this document are true and correct					Date Receive	ed:
to the best of my knowledge and belief. Signature: Date:					Date Process	sed:
OFFICE USE ONLY					Data System	:
Letter: Missing Items: Notice: ☐ Missing Items ☐ Infection Control ☐ First					Control ID:	
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